

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70380	
O.I.P.E. CLASSIFIER		12	9/15
FORMALITY REVIEW	Antela	7C.826	10/13/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

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Form PTO-43
(Rev. 6/99)

Claim	Final	Original	Date
1	✓	✓	10/24/01
2	✓	✓	10/24/01
3	✓	✓	10/24/01
4	✓	✓	10/24/01
5	✓	✓	10/24/01
6	✓	✓	10/24/01
7	✓	✓	10/24/01
8	✓	✓	10/24/01
9	✓	✓	10/24/01
10	✓	✓	10/24/01
11	✓	✓	10/24/01
12	✓	✓	10/24/01
13	✓	✓	10/24/01
14	✓	✓	10/24/01
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46	✓	✓	10/24/01
47	✓	✓	10/24/01
48	✓	✓	10/24/01
49	✓	✓	10/24/01
50	✓	✓	10/24/01

Claim	Final	Original	Date
31	✓	✓	10/24/01
32	✓	✓	10/24/01
33	✓	✓	10/24/01
34	✓	✓	10/24/01
35	✓	✓	10/24/01
36	✓	✓	10/24/01
37	✓	✓	10/24/01
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39	✓	✓	10/24/01
40	✓	✓	10/24/01
41	✓	✓	10/24/01
42	✓	✓	10/24/01
43	✓	✓	10/24/01
44	✓	✓	10/24/01
45	✓	✓	10/24/01
46	✓	✓	10/24/01
47	✓	✓	10/24/01
48	✓	✓	10/24/01
49	✓	✓	10/24/01
50	✓	✓	10/24/01

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here